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1	CLAIMS AS FILED - PART I (Column 1)								18,118		
-	FOR ANALOGO					SMA	LL ENTITY	OR OTHER THA			
. [BASIC FEE		NUMBER FILED		NUMBER EXTRA				SMA	CL ENTITI	
-	(37 CFR 1.16(a))					RATE	FEE		RATE		
	TOTAL CLAIMS (37 CFR 1.16(c))				·		s			- FE	
	NDEPENDENT	CLAULE	min	nus 20 = -		1,25		OR OR		s	
Ŀ	(37 CFR 1.16(b))	COMMS				→ × s ← J		OR	x s 50.		
1.	## # 0: 5 5 5 5	——————————————————————————————————————	minus 3 =			x s OE)_				
- 1	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) If the difference in column 1 is less than zero, enter 10° in column 2.					+5.180	1	OR OR	x s 200		
	If the difference	in column 1 is le	o, enter "0" in co		TOTAL		+360	 			
		CLAIMS AS	AMEND	ED - PART	t!		L	OR	TOTAL		
L		(Column t		(Colum	•						
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		<i>.</i>				TOTAL ADO'L FEE		7	TOTAL		
	T	(Column 1)		(Column	2) (Column 3)		·	J 08	ADO'L FEE		
ω		CLAIMS REMAINING		HIGHEST	<u> </u>			_	•		
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≥Ի					=	x s 100	`.		200		
		ATION OF MULTIPL	E 0666406	HTCLAIM (37 C	+ 5 180=			360			
	T										
•	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter— If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter—							OR AD	TAL D'L FEE		
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The Highest Number Previously Paid For (NTHIS SPACE is less than 3, enter 3.

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.